

Business Tax Certificate and Zoning Permit Application

☐ Home Based ☐ Fixed Place ☐ Professional ☐ Apartment/Motel/Mobile Home
☐ Peddler/Street Vendor ☐ Contractor ☐ No Fixed Place of Business ☐ Non Profit

Business Information:

Name:	<input type="text"/>	Phone No:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	
	Street Address (post office box is NOT acceptable)	City, State, Zip	
Assessor's Parcel No.	<input type="text"/>	(optional)	
Space/Location Size:	<input type="text"/>	Sq. Ft.	
Location is (select one):	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	
Address:	<input type="text"/>	<input type="text"/>	
	Street Address (post office box is NOT acceptable)	City, State, Zip	
Business Type (select one):	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Nature of Business:	<input type="text"/>	Estimated Open Date:	<input type="text"/>

Owner(s) Information: (include partners and/or board members. Use separate sheet if necessary)

Name:	<input type="text"/>	Phone No:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	
	Street Address (post office box is NOT acceptable)	City, State, Zip	

Name:	<input type="text"/>	Phone No:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	
	Street Address (post office box is NOT acceptable)	City, State, Zip	

Name:	<input type="text"/>	Phone No:	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	
	Street Address (post office box is NOT acceptable)	City, State, Zip	

Tax Information:

State of CA Tax Resale No.		State Contractor's License No.	
State of CA Employer I.D. No.		Social Security No.	
Federal Employer I.D. No.		Driver's License No.	

Fee Calculation: (see Business License Information below)

		Business Tax Certificate Fee (Base Rate):		
Employees: Full Time		Less 2 =	X	Rate =
Part Time		Less 2 =	X	Rate =
Application Review Fee:				
Zoning Permit Fee:				
TOTAL:				

I hereby certify under perjury that the foregoing information is true and correct

Signature: _____ Date: _____